

## COMMUNITY CHOICES WAIVER PROGRAM COMMUNICATION BRIEF

Brief Ref: CCW-2020-CB04
To: Community Choices Waiver Service Providers, Case Managers, and Stakeholders
From: Tyler Deines, Community-Based Services Administrator
Date: May 29, 2020
Subject: Additional Program Modifications in Response to the Coronavirus Disease 2019 (COVID-19)

**Purpose:** To provide additional direction and guidance to Community Choices Waiver stakeholders in response to COVID-19.

**Background:** The Community Choices Waiver program provides eligible individuals access to an array of Home and Community-Based Services (HCBS) as an alternative to the care provided in a nursing facility. Pursuant to 42 CFR §441.301(a)(4), the Wyoming Department of Health, Division of Healthcare Financing (the Division) must define and describe the services to be provided to waiver participants. The Division also establishes the methods and standards for setting payment rates for Community Choices Waiver Services in accordance with 42 CFR §447.200.

**Procedure:** Immediately upon release of this Communication Brief, the Division allows for the following modifications to Community Choices Waiver benefit coverage standards, provider qualification standards, and reimbursement rates. These modifications are implemented to ensure participants maintain access to critical services as communities implement strategies to mitigate the spread of COVID-19 and will remain in effect until further notice by the Division.

- 1. *Temporary Service Scope Expansion for Personal Support Services:* Current coverage policies limit the provision of light housekeeping, meal preparation, and grocery/personal needs shopping to those services which are incidental to and delivered in conjunction with assistance with an activity of daily living (e.g. bathing or dressing). Personal support service coverage is extended to include the provision of light housekeeping, meal preparation, and grocery shopping independent of assistance with an activity of daily living. Please refer to the attached benefit coverage standards for additional information.
- 2. *Temporary Modifications to Service Provider Qualifications for Personal Support Services:* Current policy limits personal support services to the participant-directed service option. The Division will allow for qualified Home Health Agencies and Senior Centers to be reimbursed for the delivery of personal support services. Please refer to the attached benefit coverage standards for additional information.
- 3. *Temporary Increases to Reimbursement Rates for Select Services:* Effective retroactively to the President's National Emergency Declaration on March 13, 2020, the maximum allowable reimbursement rates for the following services are increased to account for the increased costs to providers for hazard/retention pay, higher staffing levels, and personal protective equipment and other supplies.

Service	Procedure	Modifier	Unit Value	Maximum
	Code			Allowable Rate
Assisted Living Facility Services				
Level I	T2031	U1	1 Day	\$48.30
Level II	T2031	U2	1 Day	\$58.57
Level III	T2031	U3	1 Day	\$70.44
Home Health Aide, a.k.a. Personal Care	G0156		15 Minutes	\$8.12
Skilled Nursing Care	S9123		1 Hour	\$76.60

- 4. Temporary Coverage of Personal Protective Equipment (PPE) for Individuals Receiving Services Under the Participant-Directed Service Option: Participants or designated employers of record who employ individuals under the participant-directed service option may obtain PPE for their employees. The Division is conducting outreach to recruit Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers as providers this service. As DMEPOS suppliers are enrolled, they will be added to the active provider lists for each county and available for case managers to include in the participant's service plan. Please refer to the attached benefit coverage standards for additional information.
- 5. *Temporary Increase to the Maximum Wage Paid to Individuals Employed Under the Participant-Directed Service Option*: The Division currently caps the wages paid to individuals employed under the participant-directed service option at \$12.00 per hour. The participant or the designated employer of record may pay wages up to \$13.62 per hour to allow for a temporary hazard/retention pay differential. Participants/designated employers of record who choose to temporarily increase employee wages must complete the attached Temporary Wage Change Form and submit it to the participant's case manager. Upon service plan modification, the participant's case manager must forward the form to the Division's contracted Financial Management Services (FMS) agency, Wyoming ACES\$, for processing. Please refer to the attached form for additional instructions.

**Procedure or Information:** Case managers, service providers, and participants should refer to the attached benefit coverage standards for the detailed descriptions of service inclusions, exclusions, limits, provider specifications, and reimbursement policies. All Community Choices Waiver services must be prior authorized and delivered in accordance with the participant's written service plan pursuant to 42 CFR §441.301(b). Case managers must modify existing service plans in order to include additional services and/or to increase units of service as necessary to support the participant's needs.

The Division has coordinated with its Fiscal Agent and information system developers to ensure these temporary program modifications are implemented with minimal operational impact to case managers and service providers. However, provider claims already submitted must be resubmitted in order to receive the increased reimbursement. Please refer to the attached claim adjustment tutorial for billing instructions and additional information.

For up-to-date information on the Wyoming Department of Health's response to COVID-19 and other useful links, please visit: <u>https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/novel-coronavirus/</u>.